



PARENT/GUARDIAN QUESTIONNAIRE

- This form must be completed by the parent or person caring most for the Grade 1 learner at home during the week.
- The same form is provided in English, isiZulu and SiSwati .Please fill in only one of these.
- Remember to sign the consent form on the last page

1. Unique Tangerine ID

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2. Learner Name: _____

3. Learner Surname: _____

4. Learner Date of Birth:

Y	Y	Y	Y	M	M	D	D
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5. Are you the one who mainly looks after the learner who brought this form home?

Yes	1	No	2
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6. How are you related to this learner? (Please mark one option with an "X")

Mother	1	Father	2	Grandfather	3	Grandmother	4
Sister	5	Brother	6	Another person	7		

7. How old is the child's mother? _____ years

8. As main caregiver or parent of the child, have you completed matric?

Yes	1	No	2
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9. As main caregiver or parent of the child, what is your highest education level? (Mark one with an "X")

Did not complete Grade 12	1
Finished Grade 12	2
Studying towards a TVET/FET certificate or short course	3
Finished a certificate or diploma of one or two years after school	4
I am still studying for a degree	5
I completed at least one degree of three or more years	6

10. How often do you do read to your child? (Please mark one per row with "X")

Never	Once a week	Most days	Every day
1	2	3	4

11. What is the main language you read to your child in?

(Please mark <u>one</u> with an "X")	English	SiSwati	isiZulu	I do not read to my child	Other
	1	2	3	4	5

12. How many books are there at your home?

(Do not count magazines)

(Please mark <u>one</u> with an "X")	No books	1-5 books	6-10 books	11-25 books	More than 25 books
	1	2	3	4	5

→ Please complete the second page



13. How often do you speak English to your child?

Never	Some times	Most of the time	All the time
1	2	3	4

14. How often does your child speak English to anyone else?

Never	Some times	Most of the time	All the time
1	2	3	4

15. Who, do you believe, is most responsible for your child's reading progress?

(Please mark <u>one</u> with an "X")	The teacher	I as a parent / guardian / main caregiver	Government
	1	2	3

16. Has your child missed any days of school this year?

(Please mark <u>one</u> with an "X")	No	1 day	2 to 5 days	More than 5 days
	0	1	2	4

17. Do you watch any of the following TV shows with your child during the week?

Mark with an "X" in <u>each row</u> , please)	TV Shows	Yes	No
	Zaziwa /High Rollers/ Scandal	1	2
	Isithundzi/ It's Complicated/ Generations the Legacy/ Ashes to Ashes	1	2
	Takalane Sesame	1	2
	The Queen/ Muvhango	1	2
	Uzalo/ Isibaya	1	2

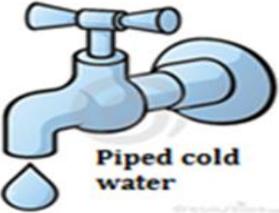
18. Have you ever been to the following destinations?

	Yes	No
Durban	1	2
Johannesburg	1	2

→ Please complete the third page

19. Do you have any of the following things in your home? Tick the ones you have like this



 Washing machine	 Car	 Computer	 Cell phone
 Piped hot water	 Piped cold water	 Television	
 Toilet inside the house	 Microwave oven	 Fridge	

CONSENT

I hereby agree to participate in the reading intervention evaluation by the DBE. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating at any point should I not want to continue and that this decision will not in any way affect me negatively. I understand that the project to which this evaluation is tied may in 2017 and 2018 benefit the project schools and their teachers, learners and parents, but not the control schools. I understand that my participation will remain confidential.

I understand that the information that I provide will be stored electronically and used to evaluate the reading interventions.

I also understand that evaluation findings will be communicated to senior DBE managers, through articles in academic journals and other forums without making known my identity or that of my Grade 1 child.

Signature of Parent / Caregiver

**Thank you for having taken time to answer these questions!!
(Please ask the Grade 1 learner, who gave this form to you, to take it back to his/her teacher.)**